



New Client Form (Please Print)

Fax to: (913) 815-4043

Practitioner Name:	Practitioner Credentials:
Clinic Name:	Office Contact Person:
Phone:	Fax:
Email:	Website:
Clinic Street Address:	
Clinic City, State & Zipcode:	
Receiving Test Results: <input type="checkbox"/> Mail <input type="checkbox"/> Online Portal <input type="checkbox"/> Fax to Above Number <input type="checkbox"/> Email:	
Do you have an NPI? <input type="checkbox"/> Yes <input type="checkbox"/> No NPI Number: _____	
<input type="checkbox"/> Check here if you would like to receive communication on new tests, upcoming webinars, blog posts and educational trainings. If yes, specify the email you wish to receive these communications: _____	

Consultation & Signature on File

I authorize The Great Plains Laboratory to discuss prices with patients: Yes No

I, _____, authorize The Great Plains Laboratory to keep my signature on file for all tests performed through me.
(Print Name)
Date: _____ / _____ / _____ Signed: _____

Billing Options

Option 1 My patients will pay your laboratory directly.

Option 2 I authorize Great Plains Laboratory, LLC to charge me for my patient's labs using the following credit card.

Credit Card Type:

VISA MasterCard American Express Discover

Name on Credit Card: _____

Credit Card Number: _____

Exp. Date: _____ / _____

Signature: _____

I authorize The Great Plains Laboratory, LLC to charge my credit or debit card for all tests performed by my patients.